

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Interim and Intermediate Care Bed – Test of Change (12 months)

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

This service will aim to help maximise individuals' rehabilitation potential and slow decline and increased frailty. It will also aim to reduce pressure on acute front door services and unplanned beds, which in turn will provide a better experience for older people moving through our care and support systems. Intermediate Care can help shift the balance of care away from hospital and can reduce the need for alternative, longer-term care services, such as home care, or permanent admission to a care home. The test of change will monitor whether this is a service which can improve our provision for older people and whether it can reduce pressure around delayed discharges whilst promoting the potential of individuals.

Interim Care Service – Interim Care is for patients who are current inpatients in acute hospital beds who are awaiting care at home packages to allow a safe discharge and people awaiting assessment or their Care Home of choice. Patients would occupy a bed for no more than 14 days subject to ongoing review of individual's circumstances. This is a similar approach to interim beds which the HSCP already provides on an ad-hoc basis - this test of change dedicates specific beds to this test of change. Interim Beds are available in both Montrose and Renfrew Care Homes.

Intermediate Care Service - Intermediate Care is for patients requiring intensive reablement and rehabilitation/ or assessment who do not require ongoing medical input within an acute environment. Intermediate Beds are available in both Montrose and Renfrew Care Homes.

This service aligns with our commitment to deliver services related to the Greater Glasgow and Clyde Unscheduled Care Design and Delivery Plan, and the Renfrewshire HSCP Strategic Plan.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Carron O'Byrne	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Phil MacDonald (Service Manager), Mark Lilley (Operational Manager (Residential, ECH & Day Care Services), Alison Valentine (Change and Improvement Officer)
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Each individual who is successfully referred into the service will have a record on ECLIPSE and a number of their protected characteristics will be captured as part of this. This is the same process as is followed for permanent care home residents. This information will inform patient care plans but will also inform evaluation of the 12 month test of change (providing regular reporting information to key stakeholders and operational colleagues).	

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The test of change commenced in January 2023. The Intermediate Care operational group will meet 2-monthly and members of that group will monitor and evaluate the statistical information on a regular basis. This will help us to understand the future planning of the current test of change and future planning for potential increase (or redesign) of this type of support.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research</i></p>	<p>Learning from Renfrewshire Council's Delayed Discharge processes, and other policy and research around delayed discharge, indicates that remaining in hospital after being clinically fit for discharge is detrimental for an individuals' health and rehabilitation. It is better to be in a non-acute environment for progress, reablement of skills and response to rehab. There is</p>	<p>Neg -identification of patients being identified prior to being medically fit (sooner than they would have been had it not been an option) – therefore positive outcomes not achieved.</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>also a reduced risk of infection. A move to an ICB from an acute environment is a positive step for these individuals.</p> <p>Whilst the guests are in an interim or intermediate bed, the Care Home staff will promote people's abilities/social and emotional support using an established asset based approach.</p> <p>It also aligns with the Scottish Government initiative of Discharge Without Delay – which aims to improve pathways through hospital settings, reducing inpatient length of stay and building bed capacity.</p>	<p>Dependency on this care being provided, rather than achieving the aspiration of going home (due to positive experience in service)</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which</i></p>	<p>As above, national and local learning has informed this approach, alongside detailed local delayed discharge statistics. We have spoken with other areas that provide Intermediate Care facilities and formed a wide-reaching Steering/Operational Group to design the service.</p> <p>There is a focus on it being an inclusive service, open to all.</p> <p>Continuous Improvement/Test and Learn approach – embedded throughout 12 month period to inform process improvements.</p> <p>The test of change will continually look to adapt and improve engagement as the service develops. Best practice will be sought from other HSCPs who are running similar initiatives and</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>where individual needs are identified they will be supported using existing tools and learning available within the care homes.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained</i></p>	<p>The service is physically accessible to older people. Research and local statistics indicate that the delayed discharge concerns mainly affect the older people living in our community. In relation to physical accessibility, the home is designed to accommodate people with all levels of physical impairment including people who are non-ambulant. There is appropriate equipment in place i.e. hoists, and assessment for any additional equipment that may be required for individual service users.</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>There will be a case by case approach where younger people are identified that might benefit from being referred to the service. This would be done in communication with Care Inspectorate where appropriate and following relevant guidelines. Where ICB cannot accept that referral, other pathways would be explored utilising knowledge of connected teams such as Social Work, DN etc. Age of referrals is being monitored as part of evaluation.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p>	<p>The Intermediate Care Steering Group is currently designing communications for patients to clearly explain the journey to ICB and it is intended this may also be delivered in a video format.</p> <p>There have been key messages distributed to acute staff and local GPs to ensure they can communicate consistent messages with patients and families.</p> <p>Working with our HSCP Communications team we are ensuring these tools are accessible and appropriate to be clearly understood by a wide range of audiences,. Where necessary interpreters will be arranged either via the Council or NHS GG & C interpreting services arrangements. All staff are aware of the interpreting protocols and how to arrange services.</p>	

	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to</p>	<p>Interim and Intermediate Care Beds are registered for older people – generally 60+ to access the service. The learning outlined above, around the impact of longer than necessary stays in acute settings support this focus.</p>	<p>Anyone not deemed to be older person wouldn't access service</p>	

	<p>objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There will be a case by case approach where younger people are identified that might benefit from being referred to the service. This would be done in communication with Care Inspectorate where appropriate and following relevant guidelines. Where ICB cannot accept that referral, other pathways would be explored utilising knowledge of connected teams such as Social Work, DN etc. Age of referrals is being monitored as part of evaluation.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The intermediate care facility, will in the main, be utilised by service users with a disability, including dementia, physical frailty etc. There are no limitations for people with a disability in accessing and utilising the facility. There is appropriate equipment and accessibility. Staff have received appropriate training which also has to be demonstrated to the Care Inspectorate as part of the care inspection process i.e. Moving and Assistance. Carers are offered a carer assessment and where refused, consideration of caring responsibilities form part of the service user's assessment for future support planning considerations. Interpreting services can be access by staff.</p>	<p>Additional pieces of equipment required may be limited due to design and space of buildings/rooms (potential barriers).</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The intermediate care facility offers single ensuite rooms with a care home environment thereby respecting privacy and dignity for all service users.</p> <p>Environment of the test of change promotes individuality and inclusive learning opportunities.</p> <p>Information about people's preferred identification (names/pronouns etc) captured at entry to ICB.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p>	<p>Inclusive service, not discriminatory around marriage of civil partnership and would encourage flexible visiting and engagement and communication with significant others.</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>While this is not applicable for service users, there may be instances where family members visiting the intermediate care facility may require additional facilities i.e. breastfeeding room. Where this is requested, the home will make appropriate arrangements for any carer/family member to access a private room within the Home environment.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>As part of assessments during the referral process, areas such as language or cultural barriers will be identified. Staff will arrange for information regarding the facility to be provided in alternative formats where required and are familiar with the arrangements for Council and NHS GG & C Interpreting Services.</p> <p>Hospital Social Workers and other lead professionals identified as part of the referral process will have access to existing supports.</p> <p>Person centred care planning is undertaken for every resident, ensuring their communication needs are met, with staff training undertaken to support the individual needs of each resident.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>Information regarding a service user's faith will be intimated as part of the assessment information to all parties involved, in particular the care home. The care home staff can make arrangements for local chaplaincy services to visit individual service users.</p>	

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The intermediate care facility offers single ensuite rooms within a care home environment thereby respecting privacy and dignity for all service users. All staff have received appropriate training including Adult Support and Protection. Training records are required to be evidenced to the Care Inspectorate as part of the inspection process.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p>	<p>Training in social work and health professions provides knowledge around values and standards. Assessment paperwork does not assume sexual orientation.</p> <p>Environment of the test of change promotes individuality and inclusive learning opportunities.</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p>	<p>There are no charges associated with staying in the intermediate care facility for the agreed period.</p> <p>Open to all/inclusive of socio-economic status etc.</p>	<p>If the individual wished to stay in the care home for longer than their agreed stay in the interim or intermediate bed, then the service would become chargeable from that point.</p>

	<p>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</p> <p>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</p> <p>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-</p>	<p>Any service user, including those in other marginalised groups, who is being discharged from hospital will be considered for the intermediate care facility (within the age restrictions). Where marginalised groups are identified i.e. homelessness, addictions</p>	

	<p>offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>etc, contact will be made with other appropriate supports and services (where the service user is in agreement).</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There have been no cost savings made. The intermediate care facility has required additional funding to be identified.</p>	
		<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>Social Work and Health staff have undertaken corporate inductions which includes equalities and diversity components. Some staff groups have also undertaken vision and values training and e-learning modules related to equalities and diversity.</p>	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

No risks in relation to the policy were identified which could impact on human rights As part of the referral process, individuals will have a planned date of discharge (and where appropriate, a planned discharge destination) set from their ICB at their point of entry. This will be monitored during their stay, as will overall figures on length of stay across the service. Guidance will be given to individuals making clear that their length of stay is time bound and any stay longer than their agreed plan would incur costs. The Operational Steering Group will monitor length of stay closely, and strengthen guidance for staff and individuals if appropriate.

A dedicated social worker is allocated to each person in ICB, with specific focus on promoting their abilities and assessing their needs within the homely environment, to inform effective and efficient care planning.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

28/03/23 – tbc if test of change continues past current end date.

Lead Reviewer:
EQIA Sign Off:

Name Carron O'Byrne
Job Title Head of Health and Social Care
Signature
Date

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature Alastair Low
Date 02/10/2023

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk